

Assessing the Social Competence of Incarcerated Offenders

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Abstract

Over recent years, increased emphasis has been placed on the role of social competence in human performance, where researchers have focused on the notion that some individuals behave in maladaptive ways because they lack the skills to do better.

The literature in the area of assessing life skills in incarcerated offenders is scarce however, although research on social skills has indicated deficits in social skills among those incarcerated for crimes.

The present study examined the social competence of male prisoners. An established and validated testing instrument, the Social and Prevocational Information Battery-Revised, was used to test the life skills of offenders. Sixty inmates of a medium security prison served as subjects. Offenders were categorised as either violent offenders, sex offenders, anti-social and drug offenders or dishonesty offenders. The results indicate that although there were no differences in mean scores between the groups, there is evidence that many subjects in the sample show deficits in competence. Additionally, no differences in scores were found between offender groups and non-offender groups.

Other factors, such as the evaluation of the Social and Prevocational Information Battery-Revised as a testing instrument, and implications for future research, are also explored.

Chapter One:

Introduction

Overview

One of the most rapidly growing areas in the current psychological literature is concerned with social competence. The term social competence refers to the ongoing interaction between the individual and the environment, and the notion conceives to achieve a goodness of fit between the characteristics of a person and the properties of their environment (French, Rodgers, & Cobb, 1974).

Most people are able to adapt quickly to new situations and are naturally creative and spontaneous so as to function adequately in novel circumstances. However not all are able to make use of their frustrations, emotions and difficulties and are thus labelled disordered, unemployable, lazy, hysterical, or depressed. According to one theorist, these individuals all suffer from the same problem: the relationship of satisfaction and frustration in their lives is out of balance, and the frustrations so outweigh the pleasures that they become defeated (Heimler, 1975). However, an analysis of the research on social competence that follows suggests the relationship is not this simple.

Despite the increased interest in the study of social competence, until recently the definition has been confined as a description of the ability to accomplish goals in interaction with others. Thus for example, researchers have studied the ways in which, particularly children, join groups, or the ways in which they maintain relationships and resolve interpersonal problems. This approach to defining and studying social competence, while valuable and productive neglects aspects of the social world, namely that to

pursue social interaction requires a basic understanding of more elementary tasks (Parkhurst & Asher, 1985). However, while concentrating primarily on social skills, in contrast there has been a considerable body of literature written on social competence in the intellectually handicapped area that concerns itself with the adaptive behaviours of the institutionalised patient regarding their ability to function independently in the community.

The intention of this thesis then, has been to close the gap between the two but vastly different fields of social competence research where the literature is either concentrated on assessing the social skills of a non-intellectually handicapped population, or on the other hand, evaluating adaptive behaviour, or simple life skills, of intellectually handicapped subjects. Thus the present research has aimed to examine levels of life skills in subjects that have not been diagnosed as mentally retarded. Specifically, the study assessed 60 prison inmates and examine differences in life skills between the offence categories of violent offenders, sex offenders, anti-social and drug offenders and dishonesty offenders. Comparisons with a non-prison control group of fifteen Access trainees were then examined. Thus a determination of any differences in functioning was enabled between the major categories of offender types and in addition, prison and non-prison groups.

Rationale

The information available on the social competence of offenders is scarce. The literature concerning social competence has, with the exception of a few studies (Fitchett & Tregerthan, 1976; Ursprung & Hayman, 1983), tended to be focused on aspects of communication skills, social interaction and opposite sex interaction (Marshall, Christie, & Lanthier, 1977; Stermac & Quinsey, 1986). Despite the lack of research, perceived needs of inmates by

prison authorities suggested that there existed problems in independent functioning and, as a result, rehabilitative programmes have been established to teach fundamental life and social skills. Programmes aiming to enhance levels of life skills have been instituted in local prisons. Christchurch's Paparua Prison for instance, has made available cooking courses as well as operating a number of Prison Access training programmes that offer academic and vocational skills.

As far back as 1969, Paul, although working with schizophrenics, noted that for subjects to stay in the community, rehabilitation must focus upon resocialisation, including the development of self-maintenance which refers to those skills of daily living that require abilities such as grooming, self-medication and meal preparation.

Many rehabilitation programmes teaching life skills in prisons have primarily been the result of inmate's perceived needs but have not been based on any sound empirical evidence. In order to evaluate existing programmes designed to improve community living of inmates, evaluation criteria must differentiate satisfactory and unsatisfactory performance. As Gresham and Elliott (1987) have noted, behaviours must be compared with some benchmark representing those things a person has to do to be minimally constrained in that environment. The challenge, they point out, is to define that benchmark.

Thus the need for a social competence scale that can be applied to a non-psychiatric population is highlighted by a lack of information, especially of baseline rates of functioning both in prison settings and in the wider community. At present, existing scales have been designed for use in psychiatric hospitals, specifically for the intellectually handicapped, and therefore are limited for subjects in the community with a normal range of intelligence.

The importance of the present study is highlighted by the lack of a social competence scale to provide unbiased assessment of life skills. Although it is considered routine for Psychologists to include a measure of adaptive behaviour for assessing the mentally retarded, there is no instrument available to assess the levels of a non-intellectually handicapped population.

A capacity for assessment of life skills would serve to point out if and where individuals had problem areas in independent functioning, and determine therefore the need for rehabilitation programmes. As yet however, there exists no systematic examination of the level of expertise on the component skills required to be judged socially competent.

Further, an assessment of life skills would determine pre and post programme effectiveness and importantly, be instrumental in programme design, for if goals were not to be established, adequate treatment cannot be provided.

A Definition

The work of a number of investigators support the view that competence is a multi-faceted construct (Gresham & Reschley, 1987; Keogh, Juvonen, & Bernheimer, 1989; Waters & Sroufe, 1983). But despite the wide usage of the term social competence and the vast amount of literature in the area of interpersonal relationships at least, the concept has generated no consensus on an appropriate definition. The following definitions have been put forward highlighting the diversity of issues -

- a judgement by another that an individual has behaved effectively (McFall, 1982, p. 1);
- the possession of the capability to generate skilled behaviour (Trower, 1982, p. 419);
- aspects of social behaviour that are important with respect to preventing physical illness or psychopathology in children and adults (Putallaz and Gottman, 1983, p. 7).

The definitions vary widely in their relative emphasis on each given psychological construct. Zigler and Trickett (1978) sum up the difficulties in defining social competence in that

the construct seems to evaporate upon the application of the heat of the debate. Social competence appears to be one of those constructs that is defineable only in terms of other constructs whose own definitions are vague. Social competence theorists thus quickly find themselves adrift in a sea of words.

Historical development

The history of many definitions of social competence adopted today are a reaction from the medical model which traditionally defined normality as the "absence of abnormality", and because of this, the area has failed thus far to address itself to any clear definition of what is competent versus what is incompetent. Conversely, it is argued that effectiveness of an individual's response to various situations should be viewed on a continuum along

which particular responses can be placed. In this sense, there is more or less competence, and not incompetence per se (Goldfried & D'Zurilla, 1969). However, there is evidence that competent judgements are more categorical than linear (Donahoe, 1972).

Additionally, in this extent the different perspectives (e.g., developmental, cognitive) which determine the way various definitions assess social competence, make it difficult to find an integrative definition for social competence as well as the direction for simple measurement. Cone (1987) suggests that operationally, one could define social competence as the skills and responses assessed by the instrument designed to assess it. The specific content from this would then come from whatever instrument is used in the testing.

Despite a lack of consensus, social competence (e.g., Beattie & Stevenson, 1984) can usually be described as the manner in which a person interacts with others in their social context, including cognitive, affective and behavioural elements of participation (holding socially desirable roles or functions), performance (actions in these roles), and adjustment (conformity to societal norms and values).

Thus generally, the available definitions are acceptable in their global reference to the term social competence; the difficulties are found only in a definition's specificities. Firstly, it is problematic to develop social competence assessment instruments across time, intelligence, or ages - few specific skills are available to both the infant, adolescent, and the adult. Secondly, it must be made clear as to what constructs of social competence are being measured. Because of situation specificity (an otherwise competent individual in the community may be unable to cope in the prison environment for instance), speciality needs to be given to each case.

The relationship of adaptive behaviour to social competence

To reiterate, social competence represents a multidimensional construct that includes cultural, demographic, adaptive behaviours, and social skills variables. This study is interested in the area of life skills, commonly referred to in the intellectually handicapped literature as adaptive behaviour. Given that adaptive behaviour is more often used in the available research, the term will be retained for the purposes of definition.

Adaptive behavior is grounded in developmental task theory (Waters & Sroufe, 1983) in that social and economic independence are the predominant criteria in adulthood. Still, adaptive behaviors at one developmental level are qualitatively different from behavior at another level. For the child, adaptive behavior involves skills such as walking, talking and basic self-care; for the adult it includes the ability to hold a job, maintain a residence and contribute to family life (Horn & Fuchs, 1987). But while the concept is still too vague, it is at least as well defined as other constructs, for example intelligence (Kampaas, 1987).

Adaptive behaviour is defined in terms of the degree to which individuals meet standards of personal independence and social responsibility, influenced by the nature of demands of a person's life cycle so that adaptive behaviour is a construct influenced by place and time. Thus, adaptive behavior in one setting may not be evaluated similarly in another place. Adaptive behaviours involve the interaction of the individual with the environment that are functionally effective in that environment, thus adaptive behaviour must be construed to be situationally defined or environmentally specific (Cone, 1987).

Clearly, adaptive behaviour and social skills are interrelated as both are subdomains of the same superordinate structure of social competence (Gresham & Reschley, 1987) seen in Table 1 overleaf.

Table 1: *Subdomains of Social Competence*

<u>Social Competence</u>	
<u>Adaptive Behaviour</u>	<u>Social Skills</u>
•Independent Functioning	•Interpersonal Behaviors
•Physical Development	•Self-related Behaviours
•Self-direction	•Academic-related Skills
•Personal Responsibility	•Assertion
•Economic-Vocational Activity	•PeerAcceptance
•Functional Academic Skills	•Communication Skills

Although the areas of social competence can be divided into parts, that of social skills and life skills (referred to as adaptive behaviour in the mentally retarded literature), these constructs nevertheless overlap. It is uncertain however, whether one is a cause or effect of the other, or whether the two constructs may measure a similar concept. Reschley (1985) however has noted that certain intellectual and specific social skills are prerequisite to both independent and specific social skills in that a moderate-level correlation was found between the domains of intelligence, academic achievement and social skills.

The adoption of a definition

The terms competence and skill are not interchangeable concepts (McFall, 1982). Competence is defined by McFall (1982) as a general evaluative term that is reflective of someone's judgement on the basis of some criteria, that a person's performance on a given task is adequate. Skills

are defined as the specific abilities that enable competent performance at particular tasks.

For the purposes of this study, a representative definition provided by the American Association of Mental Deficiency (AAMD) Classification Manual, outlines those specific abilities needed to meet the requirements of adaptive behaviour.

Adaptive behavior is defined as the effectiveness or degree with which an individual meets the standards of personal independence and social responsibility expected for age and cultural group. Since these expectations vary for different age groups, deficits in adaptive behavior will vary at different ages.

These may be reflected in the following areas

During infancy and early childhood in:

1. Sensory-motor development.
2. Communication skills (including speech and language).
3. Self-help skills.
4. Socialisation (development of ability to interact with others).

During childhood and late adolescence in :

5. Application of basic academic skills in daily life activities.
6. Application of appropriate reasoning and judgment in mastery of the environment.
7. Social skills (participation in group activities and interpersonal relationships).

and

During late adolescence and adult life in:

8. Vocational and social responsibility and performances, (Grossman, 1983, p. 11-14).

Review of the Literature

Research on social skills

The area of social competence regarding incarcerated offenders has not been extensively researched. Some information however is available on the topic of social competence from a social skills approach where the term social competence has been used synonymously with social skills constructs such as assertiveness, self-esteem, anxiety and interpersonal interactions, despite evidence that the two concepts require differentiation (McFall, 1982).

Although no absolute generalisations can be made about the social skills of offender groups, existing research has indicated problems in the area among those incarcerated for crimes. The analysis of social skills commonly uses one of two general conceptual models to test for skills deficits. The trait model of social skills refers to a general underlying personality characteristic where a person's observable behaviour is a reflection of that individual's degree of social skillfulness. Freedman, Rosenthal, Donahoe, Schlund, and McFall (1978) for instance, developed the Adolescent Problems Inventory (API) with which to assess social skills, defined as the decision-making abilities, of juvenile offenders. Comparisons made between delinquent and non-delinquent groups on their responses to this inventory, using a system of pre-arranged norms, show the latter were significantly more socially competent.

Additionally, Veneziano and Veneziano (1988) provided a more extensive and detailed account of the skills of juvenile offenders using the API. 441 juvenile delinquents aged between 12 and 15 years were assessed on this scale along with measures of personality, behavioural, social, intellectual and educational skills. The adolescents were divided into three groups; a group competent in knowledge of social skills, an incompetent

group, and one that was moderately competent. The lowest scoring group showed a variety of behavioural difficulties. By self-report they were more impulsive, scoring highly on measures of dangerousness. Further, they were rated as being escape risks, manipulative, physically and verbally aggressive, oppositional and more likely to be exploited, to not follow rules and as having anti-social tendencies. Similar patterns emerge from other works on the behavioural deficits of delinquent offenders to support the findings of this study (Spence, 1979).

In a study of adult offenders, Marshall, Christie, and Lanthier (1977) compared 26 rapists, 27 pedophiles and 78 non-sex offenders on three scales of social competence (anxiety, self-esteem and assertiveness). It was found that rapists scored higher than the other groups on an anxiety scale, while the pedophile group score the lowest. Further, the rapists group was found to be overassertive, often using aggression to achieve sexual gratification. Pedophiles in contrast, tended to be noticeably less self-confident but markedly less socially anxious. The definition of competence used in this study however, is not emphatic in differentiating social skills components from social competence. Thus in this respect, Marshall et al (1977) by using the term social competence to refer to specific skills rather than to an evaluative concept, must be criticised for failing to make a distinction among these concepts in an effort to use them as precisely as possible.

In another study looking at sex offenders, Stermac and Quinsey (1986) compared 20 rapists, 20 offenders and 20 non-psychiatric, non-criminal controls. Through the use of audiotaping conversations and pre-recording role plays, the authors assessed levels of social skills, manipulating the gender of the confederate and nature of the stimulus situation. Subjects also rated their own performance on the tasks and completed questionnaires on interpersonal fears, anxiety, assertiveness and attitudes towards women. The methodology however, presented the shortcoming that by using audiotapes

to record role-play conversations, the potential referent pool from which raters could make their judgements was limited. Further, by matching controls to low socio-economic-status (SES) factors (measured on levels of education and occupation), comparisons of deficits in social skills could not be made with "average" males (Segal & Marshall, 1985). In efforts to improve on the study by Stermac and Quinsey (1986), Segal and Marshall (1985) studied the social skills on a population of rapists and child molesters by comparing the two groups on a behavioural assessment (conversation role-plays), cognitive assessments (thought listings), questionnaires and self-report scales (intelligence tests, social interaction scales). Behavioural ratings provided by confederates, subjects and two independent judges showed convergence and portrayed low SES males as generally less skilled and more anxious than high SES subjects. Within the two sex offender groups, child molesters presented inadequate heterosexual skills compared to rapists and rated themselves as less skilled, less assertive and more anxious. That the child molesters rated themselves as more anxious provided contrary evidence to the findings by Marshall et al (1977). Overall, the study improves on previous studies in that SES was included as a contributing factor in differential levels of social skills. Indeed, there was a clear difference between the groups of high SES and low SES subjects in that high SES subjects were more skilled, less anxious and more assertive in interactions with women. Rapists, in contrast, did not differ from other low SES males.

To conclude, a major criticism with the trait-type model is that that it implies that a good performance is due to a general ability which predisposes individuals towards responding competently in any situation (McFall, 1982). In this respect, individuals with skills deficits in one particular area are assumed to be deficient in other areas. Given the situation specific nature of the variables tested, however, this would appear unlikely. In contrast, the molecular model attributes social skills to a person's situation specific

behaviour in terms of observable behavioural units that are building blocks of performance in each interpersonal situation. Thus, a person's behaviour is more or less skillful at a given time, rather than being described as characteristic of that person's behaviour.

Kinzel (1970) for example, studied the phenomena of "personal space" of those sentenced for violent crimes by measuring levels of anxiety, comparing violent offenders with non-violent offenders. It was found that the former group required a personal space nearly four times the area comfortable for the non-violent group, confirming interviews with subjects that violent individuals perceive non-threatening intrusions as attacks. Significantly, anxiety decreased if subjects experienced periods of exposure to people in close vicinity to them.

In an examination of specific social perceptual skills, Wales (1988) studied the recognition of emotion in facial expressions. Sex offenders were found to have the lowest correct hit rate and had difficulty recognising fear and anger. Violent offenders in contrast, recognised emotion with the greatest accuracy. In addition, Giannini and Fellows (1980) provide evidence that rapists most accurately interpret non-facial cues compared to other offender types. It was hypothesised that this ability may arise from a greater need to use any mechanism to attempt to decipher confused attitudes felt to be characteristic of these offender's homes.

To conclude, a molecular analysis is problematic in that it defines behaviours skillful in one context which are not necessarily skillful in a different context. Behaviours for instance, have been broken into small units and analysed separately. Thus, the model fails in essence, to be comprehensive in an evaluation of a complete social skills performance.

McFall (1982) challenged the appropriateness of either model and proposed that a two-tiered approach of social skills and social competence, where social competence is a superordinate structure involving judgements

concerning how well component processes are performed, is necessary to avoid the inadequacies of the trait and molecular-behaviour perspectives. Despite these inadequacies, existing research has provided useful information about the implications of skills deficits of offenders.

For example, analyses of the social skills deficits in rapists suggest that this type of offender is a socially dysfunctional person with specific inadequacies centred around women (Stermac & Quinsey, 1986). The skills deficit of rapists however, is still not well understood and Segal and Marshall (1985) point out that little empirical work has been done on the heterosexual social skills of rapists, leaving it unclear what type of skills deficit, if any, characterises these offenders. In addition, Stermac and Quinsey acknowledge that it is unknown whether these deficits are specific to the gender of the person he is interacting with or whether a more generalised deficit exists.

Similarly, evidence from McGuire and Priestley (1985) suggested that other offender types lack social skills of certain kinds or exhibit social behaviours which are markedly different from the norm. It has been frequently noted that sex offenders lack self-confidence, are anxious in the presence of others, and have poor social skills, which in particular may contribute to their offence-proneness in this respect. Although the evidence is not consistent, much of the research in the sex offender area indicates that sex offenders are considerably handicapped in heterosexual skills. Toch (1972) showed that most violent prone individuals can be classed as deficient in verbal and social skills and that this lack of social skill not only produces violence as a substitute for communication but may also provoke violent outbursts towards the individuals unable to reach them in more conventional ways.

Other investigations of social competence of incarcerated offenders suggest that these individuals tend to cope with conflict situations by

resorting to aggression rather than dealing with them in less destructive ways (McGuire & Priestley, 1985).

Some individuals are said to be more at risk than others however, of developing skills deficits. Broken homes, parental rejection, sociopathic parental models and limited interaction with peers are such conditions which reduce the individuals opportunity for developing the skills and behaviours necessary for successful adjustment in the community (Brown, 1980).

Due in part to these findings and efforts to achieve competent functioning in socially unskilled adults, Hops (1982) emphasised the relative importance of directing social skills training at children with problematic social behaviours in an effort to stem the likelihood of possible delinquency or later incarceration in that it was found that evaluations of low social competence lead to delinquency and other consequences later in life. Similar to the rationale underlying social skills training with delinquent populations, rehabilitative programmes in prisons are concerned with the development of academic and occupational skills, assertiveness and interpersonal skills, which adopt the premise that those who come into contact with the law must be deficient in appropriate interpersonal skills.

In summary, the literature shows that although there are inconsistencies and while much is still to be learned of the social skills of offenders, non-offenders tend to be more assertive and less aggressive in their dealings with others while the offender group tends to be aggressive rather than assertive. As a result, problems interacting in the community arise as offenders find difficulty in coping with problems encountered in daily living.

But while the previous studies provide useful information of interpersonal skills, peer and opposite sex interactions, interpretations of what constitutes social competence makes research problematic to compare

as definitions vary according to different authors. This too creates a dilemma when attempting to compare research on life skills.

Research on life skills

Although little research uses prison inmates as subjects for study, the literature available has limited itself to evaluating the adaptive behaviour of retarded inmates. The rationale behind this emphasis is that inmates with low intellectual functioning and adaptive behaviour skills are at risk from victimisation. The authors point out that retarded offenders are victimised by other inmates through theft, exploitation, rape and other forms of violence and they suggest that the impact of this type of environment may be that some retarded inmates leave prison less prepared to trust others than when they entered (Adams, 1986; Dvoskin & Steadman, 1989; Hayman Hiltonsmith, Ursprung, & Dross, 1982). Conine and Maclachlan (1980) identify several major deficiencies in basic life skills among mentally retarded offenders showing;

monetary skills are lacking in that the retarded offenders are unable to recognise different denominations of money, to understand their respective value, and to count small change. Time and measurement concepts are bewildering. Only a few clients can tell the time, or understand the sequence of days in a week or months in a year. Personal hygiene and health care are frequently lacking because good grooming habits and techniques have not been learned. Other basic living skill deficiencies include: telephone use, public transportation, human sexuality, social graces etcetera (p. 7).

Effective programming of life skills training requires the implementation of accurate screening and evaluation devices. Difficulties in assessing adaptive behaviour have been well documented especially in the assessment of retardation and these problems include a lack of uniform criteria for I.Q. measures, lack of appropriate functional behaviour scales and

occasional administration of tests by unqualified personnel such as correctional officers and sometimes even inmates (DeSilva, 1980).

To assist in evaluating adaptive behaviour in prisons, Hayman et al (1982) modified the AAMD Adaptive Behavior Scale (Nihira, Foster, Shellhaus, & Leyland, 1974) producing the Adaptive Behavior Scale; Syracuse Prison Version (ABS-SPV) making it more appropriate for assessing incarcerated adults.

The ABS-SPV Part Two was used to assess behaviour which are unique to prison functioning and Table 2 illustrates the changes made to the content of the ABS that developed it into a prison version.

The changes made to the Adaptive Behavior Scale (ABS) were deemed necessary in that firstly, although a number of measures have been proposed and utilised to evaluate adaptive behaviour, these measures are generally inappropriate because they are standardised for use with children or adolescents with moderate to profound levels of retardation. In contrast, the incarcerated retarded tend to be adults of moderately to mild levels of retardation (Ursprung & Hayman, 1983). Secondly, the ABS as it existed contained items to be completed by family members, while offenders are frequently incarcerated in institutions that are distant from family and friends.

Preliminary findings by Ursprung and Hayman (1983) suggested that the ABS-SPV was able to effectively discriminate between high and low (protective custody) inmates in that it could pinpoint which subjects in the protective custody units had not adequately adapted to prison life and they were considered unsafe to be integrated with the general prison population.

Although well designed and appropriate to distinguish between low and high levels of adaptive functioning in offenders, the ABS-SPV is limited for purposes of universality as global adaptive behaviour test. The ABS-SPV measures adaptive behaviour in the prison environment only

insofar as it assesses the inmate's ability to adapt to the requirements of prison life rather than assessing independent living skills in themselves.

Table 2: *Contents of the AAMD Adaptive Behavior Scale:
Syracuse Prison Version*

Part 1. Generic Functioning
1. Independent Functioning
A. Cleanliness
B. Appearance
C. Care of Clothing
D. Miscellaneous Independent Functioning
2. Language Development
3. Numbers and Time
4. Self-Direction
5. Responsibility
6. Socialisation
Part 2. Prison Functioning
1. Independent Functioning
A. Mess Hall
B. Miscellaneous Independent Functioning
2. Economic Functioning
3. In-Cell Functioning
4. Victimisation

Furthermore, rating scales like the ABS-SPV have been criticised for their use of a third party in testing. Most rating scales are limited in that they are administered to third party informants who are presumed be well

known by the subjects under evaluation. Thus it has been suggested that although both approaches have been found to be valid, direct testing appears to be substantially superior (Halpern & Irving, 1979).

The first step towards the design of an empirically established programme for life skills in New Zealand was provided by Fitchett and Treggerthan (1976) who carried out a pilot assessment study on detainees of a periodic detention centre for women. The centre provided weekly instruction in what they called "survival skills"; skills such as self-care, make-up, personal hygiene, housekeeping, child-care, job seeking and handling of interviews.

Following sentencing, the women were assessed in areas of self-presentation behaviour, rule following behaviour, social interaction behaviour, working behaviour and verbal behaviour. Despite positive outcomes however, Fitchett and Treggerthan like other programmes before them, based the success of their programme on the criteria of tutor assessment, proving to be a serious limitation in the study. It was unfortunate that no further development was established as a result of this initial programme. However this work has been useful in highlighting that deficits in survival skills exist among offenders.

To conclude, the literature pertinent to life skills in incarcerated offenders has tended to focus on mentally retarded inmates who have been identified as high risk subjects in that they are less adequate to adapt to prison life and more likely to be victimised. Empirically established tests have been reliably validated to assess levels of social skills in inmates, but to date there is a distinct lack of research into the assessment of life skills for incarcerated offenders, highlighting an area that needs attention in the social competence literature.

Recidivism Factors

Recidivism, or the return to prison following relapse of criminal behaviour, has been viewed as being the result of social and environmental influences (Hofer, 1988). Despite that there exists no systematic examination of the level of expertise exhibited by prison inmates on the life skills required to be judged socially competent, behavioural deficiency models of offending have been postulated by Brauckmann, Fixen, Phillips, and Wolfe (1975) and Goldstein, Sherman, Gershaw, Sprafkin, and Glick (1978) stressing the importance of social skills deficits in recidivism rates. Without appropriate skills, it appears that community living can be as institutionalising as the prison environment. A prison has its own culture, stratification, language and roles, thus accommodating an individual to come to terms with their situation through "institutionalisation" (Adams, 1986). The term refers to a state in which the behaviour of inmates is characterised by regression, apathy and listlessness where everything is done for them and in this state they cannot make decisions anymore. While recidivism has been linked to social skills deficits it may, given the relationship of social skills to adaptive behaviour, be associated with life skills deficits. In addition, the effects of institutionalisation has been shown to cause dependence on an institutional environment leading to ineffective adjustment in the community (Brown, 1982; Brown & Munford, 1983).

Although the specific relationship is unknown, those who have the lowest levels of social competence in prisons are likely to be the retarded inmates in that retarded offenders have greater difficulty understanding prison rules and this difficulty is extended into community living, so that on their release, these individuals are little more capable of behaving in socially acceptable ways than when they first entered (Hayman et al, 1982).

The characteristics of the reoffender

Recidivism has been linked to lack of funds following release from prison, poor employability, and a low wage earning capacity, poor education and unstable work history, and quality of post-release neighborhood environment (Hofer, 1988).

According to Groth (1979), the greater and more extensive the impairment of the offender in regard to his life management functions, the greater the risk of repetition of his offences.

Characteristically, reoffenders have low I.Q.'s, less schooling and were in unskilled occupations. At the same time in comparison, first offenders on average tend to have higher I.Q.'s and more skilled occupations (Cunningham Dax, Gosden, & Hagger, 1980). Koller and Gosden (1980) support these findings and show that of the reoffenders in their analysis, a remarkable 93 percent were unemployed and only seven percent held semi-skilled or skilled jobs compared with 38 percent and 62 percent respectively for first offenders.

In comprehensive study by Oxley (1979) evidence was found of distinct differences between probationers who reoffend and those who do not. The study examined 500 randomly selected individuals on probation (405 males, 95 females) and found that within 30 months, 59 percent were reconvicted. The differences between the two groups were that firstly, in respect to factors relating to the criminal justice system and also, to personal and social characteristics that distinguish reoffenders from non-reoffenders.

It is well recognised that reoffenders are a heterogeneous group of individuals, and the variables for contributing to the recidivism rate can vary according to the factors influencing the offender's life history. Anderson (1989) found that five particularly influential variables differentiated reoffenders from non-reoffenders. These included work record

record and stability, the presence of drug abuse, the age of the offender, whether the offender was classified as a European or Maori (including Pacific Islander), and whether they have had more than three previous court convictions resulting in imprisonment. Similarly, in analyses of male offenders, by variables of unstable work record, under 25 drug user, of Maori or Pacific Island descent and less than three years secondary education, it was found that these factors predicted reoffending with 71 percent accuracy (Fifield & Donnell, 1980; Koller & Gosden, 1980). In reference to ethnicity factors, Fergusson, Donnell, Slater, and Fifield (1975) found that while more Maoris than non-Maoris commit a first offence, race is no longer a discriminating factor in reoffending. Further, the 1987 Justice Statistics indicates that 48 percent of all inmates were Maori, while 46 percent were Caucasian (N.Z. Justice Statistics, 1987). However, if the population is broken down by age, an inmate is more likely to be Caucasian if over 30, thus when the impact of different birth rates for Maori and non-Maoris is taken into consideration, the significant effect of the statistics is reduced (Anderson, 1989).

Contrary to the general character profile of the recidivist, family backgrounds of drug offenders vary and drug addicts are not the product of any particular social class. Habitual drug use however becomes a way of life, characterised by repeated admission to correctional institutions and hospitalisation (Mostert, 1990). Using a multiple regression technique, Gendreau, Madden, and Leipziger (1979) found that the dependent variable "any drug offence" was significantly related to reoffending, although Chaiken and Chaiken (1984) distinguished that different drugs were associated with some crimes more than others. Multiple use of barbituates and recreational use of heroin, for instance appeared to be associated with assault offences, while non-opiate psychotropic drugs was strongly related to high rates of all crime except non-violent auto theft.

In sum, little has been done on the assessment of reoffending exclusively within the New Zealand population and the efforts made in the recidivism literature have tended to be concentrated on juvenile delinquency in an attempt to identify those groups that are a high risk bracket for becoming first offenders (Anderson, 1989).

Efforts to stop revolving-door institutionalisation relies on the fundamental motive that rehabilitation is effective and although the area remains controversial, Carlson (1976) argues that recidivism has not been stemmed because, as in the case of other social experiments, rehabilitation has become overextended. This point makes a good case for the present study - it is necessary to find a technique that distinguishes an inmates levels of functioning to identify individual strengths and weaknesses in each particular area.

In support of this notion, Gendreau and Ross (1987) reviewed the offender rehabilitation literature from the period of 1981 to 1987, assessing not only education interventions but also biomedical, diversion, family/early intervention, getting tough, individual differences, parole/ probation, restitution and work. The treatments applied to subgroup populations of sex offenders, substance abusers and violent offenders thus is comparable to this study given that the subgroups used have similarities. They found that the "nothing works" credo continues to receive support in spite of empirical evidence to the contrary.

One such attempt at treatment is the policy of Throughcare. Implemented at Paparua Prison, Throughcare is the policy of reintegration of the offender back into the community so that he is no longer in imminent danger of committing another crime. The policy supports the notion that greatest cause of recidivism is the release of an inmate without support, accommodation, or enough money, into the same environment in which they committed the offence in the first place (Mostert, 1990). The

main thrust of the approach is providing special programming, helping to organise wider facilities and resources in society to assist inmates during sentence and on discharge. While the value of the policy of Throughcare cannot be undermined, two factors restrict its usefulness; a. Throughcare has found to be problematic to implement due to difficulties in different departmental rules and regulations (e.g., support and community agencies) that impede the progress of the programme (Mostert, 1990); b. there is a lack of an adequate assessment instrument to identify the needs of inmates to better prepare them community living.

The Relationship of I.Q.

Adaptive behaviour and intelligence

Although it is well recognised that social skills and adaptive behaviour are subordinates of the same structure, the correlation between the domains of intelligence, adaptive behaviour and social skills remains contraversial. Indeed the study of social competence has been stimulated by the growing disenchantment with the use of I.Q. as the major outcome measure of behaviour analyses (Mercer, 1973; Putallaz & Gottman, 1982). Likewise McClelland (1973) argues for replacing intelligence, which often denotes innate differences.

Supportively, quantitative evidence shows moderate correlations between the domains of intelligence, academic achievement, adaptive behaviour and social skills (Green, Forehand, Beck, & Vosk, 1980; Harrison, Keith, Fehrman, & Pottebaum, 1986; Reschley, 1985) suggesting that subjects with higher intelligence learn to perform adaptive skills sooner and have a higher capacity for social adjustment. Harrison et al, investigated the correlation between adaptive behaviour and intelligence by using factor analysis and found the results supported the hypothesis that the two are separate but related constructs. In contrast, Spivack and Shure (1974) claim that an individuals problem solving is unrelated to I.Q., scholastic tests, or originality of thinking.

The debate surrounding the I.Q. controversy questions the extent to which human adaptation and abilities differs from, or is more important than the concept of I.Q. (Morrison, 1983). The field of mental retardation however, has been particularly active in developing procedures for replacing or supplementing I.Q. for assessing competence, which would suggest that the proponents of this idea believe social competence to be something more

than intelligence (Anderson & Messick, 1974; Zigler & Trickett, 1979). Zigler and Trickett (1979) suggest I.Q. and social competence are influenced by some of the same variables, and as a result I.Q. can act as a weak but relatively imperfect measure of social competence. This may be because I.Q. does not take into account pertinent sociocultural and environmental factors and the adequacy of family, education, medical and other community resources for meeting specific needs largely determine the nature of an individual's life (Adams, 1973).

An anomaly exists however, as to how a relationship of I.Q. to social competence can be explained at all given the many definitions of social competence provide varying correlations between I.Q. and social competence. Harrison (1987) comments that although intelligence and adaptive behaviour scales have many similar properties and uses, there are several basic differences in the respective scales:

1. intelligence scales emphasis thought processes while
adaptive behaviour scales emphasise everyday behaviour,
2. intelligence scales measure maximum performance while
adaptive behaviour scales measure typical performance,
3. intelligence scales presume stability in scores while adaptive
behaviour scale presume changeability in performance.

However, it is generally recognised by the American Psychiatric Association in the Diagnostic and Statistical Manual of Mental Disorders (DSMIII-R) that measures adaptive functioning must be used in conjunction with a general intellectual functioning test.

Test correlates with I.Q. scores

I.Q. then is a psychological device for assessing an individual's potential for purposeful and useful behaviour while adaptive behaviour

determines the effectiveness or degree to which personal independence is met. But while similarities exist in general intelligence, differences are also apparent in that intelligence is relatively static in comparison to adaptive behaviour. Whether intelligence and adaptive behaviour scales are intrinsic to each other may lie in the tests themselves. A hierarchical relationship exists where certain I.Q. tests correlate highly or lowly with social competence depending on the scale used (Schaefer, 1975). If adaptive behaviour tests are highly correlated with I.Q. (eg. $p=.80$), which in this case would suggest a poor measure of social competence, then as Witt and Martens (1984) point out, the scale content and general intelligence ability are not likely to be separated and there exists the danger then, of one scale merely measuring the abilities of the other.

Present Research

Selecting an appropriate test

At present, the assessment of inmate's needs are calculated from a Social and Life Skills subtest of the Paparua Prison Case Management interview administered by the institution (see Appendix 1). While inadequate as an assessment instrument to identify deficits in life skills, in that the limits of a person's capabilities should be established empirically (McFall, 1982), the Case Management subtest nevertheless remains influential on an individuals development in prison, while in addition, the subtest is further used as a basis for assessing needs to implement the policy of Throughcare.

Similarly, community Access Life Skills programme content is established from evaluations made by course tutors. Although Access course assessment is more elaborate and provides for pre and post programme performance, the measurements are characteristically simplistic, do not cover all appropriate areas of life skills, or are only applicable to that particular course, thus lacking universality.

Witt and Marten (1984) point out that although no one best instrument to measure adaptive behaviour exists, at least half of the tests available should not be used at all because of a lack of psychometric foundation.

The Social and Prevocational Information Battery - Revised, developed by Halpern and Irvin (1986), was chosen for use in the present study. The original SPIB was found to adequately meet the criteria of a psychometrically sound test (Witt and Martins, 1984) in that it tests common components of adaptive behaviour, with the exception however, of physical development and sensory motor/ locomotion skills. Further, it proved to be useful in that; a. it provided adequate reliability and validity measures; b. the true/

false orally administered format assured neutralisation of differential reading ability ; c. the test can be group administered; d. the test was designed to assess the needs of mildly retarded students, which the DSMIII-R states is from an I.Q. of 50 - 55 to approximately 70. Thus, the Social and Prevocational Information Battery - Revised is the more appropriate adaptive behaviour test available in the literature in comparison to tests assessing children and/ or moderately or profound mentally retarded individuals and; e. the SPIB-R is an updated and relatively recent instrument, thereby more likely to reflect the skills required in today's environment.

The Social and Prevocational Information Battery - Revised

The Social and Prevocational Information Battery - Revised (SPIB-R) is an American development containing nine tests designed to assess skills and competencies regarded as important for the community adjustment of students with mild mental retardation. The test consists of mostly true/ false orally administered items and a few items requiring the subject to select pictures offered as alternatives to an orally presented item. The test in all, contains 277 items divided into nine major areas: job search skills, job related behaviour, banking, budgeting, purchasing habits, home management, physical health care, hygiene and grooming, and functional signs, and a brief description of each test is given in Appendix 2.

The relationship between the long range goals and the battery tests are shown overleaf.

The reference group for the SPIB-R were senior high school mildly retarded adolescents ranging in age from 14 to 20 years. The average I.Q. was 68 with a standard deviation of 8. The majority of the sample was

Caucasian and no information regarding the relationship between ethnicity and performance on the SPIB-R is currently available.

<u>Long Range Goals</u>	<u>Battery Tests</u>
Employability	Job Search Skills
	Job Related Behaviour
Economic Self-Sufficiency	Banking
	Budgeting
	Purchasing Habits
Family Living	Home Management
	Physical Health Care
Personal Habits	Hygiene and Grooming
Communication	Functional Signs

Given the level of intelligence and age for the reference group, in that Wales (1988) found that the average I.Q. scores for violent offenders was 99, for sex offenders was 91, for anti-social and drug offenders was 112 and for dishonesty offenders was 92, it would be expected that there be a higher rate of functioning in the prison sample in this study.

The Aim of the Present Study

Past research has provided similar results regarding the social skills of incarcerated offenders. However, the study of social competence has failed to be comprehensively extended into the area of life skills, and a successful assessment instrument has yet to be developed. In contrast, the current study used an established and validated methodology to test the social competence of offenders and aimed -

- a. to determine levels of social competence, specifically, life skills, in incarcerated offenders, and
- b. to determine whether or not there existed any differences in social competence between offender types.

Chapter Two:

Method

The Setting

60 males imprisoned at Paparua Prison, a medium security institution, served as voluntary participants for this study. A non-prison control group consisted of 15 males, also voluntary participants. Prospective inmate subjects were selected by staff of the Justice Department's Psychological Service according to this criterion. Testing took place in an interview room, individually for I.Q. testing and a group room for a group administered social competence test.

The investigator in this study was a 23 year old female Master's thesis student at the University of Canterbury.

Subjects

There were 75 subjects participating in the study. Ages ranged from 17 years, 4 months to 46 years, 8 months in the Prison sample, and 17 years, 6 months to 37 years, 1 month for the control group with an overall mean of 26 years, 3 months. 22 subjects were classified as Maori or of Pacific Island ethnic origin, while 53 were classified as Caucasian.

The average incarceration length was 34.7 months, ranging from 3 to 204 months.

Selection of Subjects

Subjects in the experimental groups (1-4) were drawn from the general population of the prison and classified, prior to assessment, according to the criteria developed by Wales (1988). This system, using the New Zealand Police Offences Code, classified each subject according to his most numerous or serious crimes into one of the four categories of; violent offences, sex offences, anti-social and drug offences, and dishonesty offences.

Controls were recruited from either the Transport and Store or Sales courses enrolled on "Access" training programmes.

Volunteer subjects were seen individually and the procedure explained. Guarantees were given with respect to confidentiality, and with regards to prison subjects, it was stressed that participation would not count towards nor against early release. Informed consent was then obtained. Only one subject upon arriving at the interview room declined to participate in the study.

Materials and Procedure

All subjects were administered the four sub-test short form of the Weschler Adult Intelligence Scale-Revised (WAIS-R). The four sub-tests used were information, vocabulary, block design and picture arrangement. Silverstein (1982) has shown that this combination correlates most highly with a full scale I.Q. in comparison to other combinations. The scaled scores were then pro-rated to provide a verbal I.Q, a performance I.Q. and a full scale I.Q.

Within a week, subjects were then administered the Social and Prevocational Information Battery-Revised (SPIB-R), to assess levels of social competence. The SPIB-R is an orally presented battery designed to

eliminate reading ability as a determinant of performance. The SPIB-R contained nine sub-tests assessing knowledge of hygiene and grooming, functional sign recognition, job related behaviour, home management, health care, job search skills, budgeting habits and purchasing habits. The SPIB-R is intended primarily for junior to senior high school students with mild mental retardation. The tests mostly consist of true/ false items although a few items require the selection of pictures offered as an alternative to an orally presented stem. The tests vary in length from 26 to 36 items, totalling 277 items in the battery.

Each subject was supplied with a test booklet and a pen. The administration of this test took place in groups of five, which fell within the maximum 10: 1 ratio allowed in the SPIB-R manual.

The instructions given to subjects were in accordance with the procedures outlined in the Part Three of the examiner's manual, with certain alterations to better facilitate the administration of the test for this study's purposes. For instance, rather than repeating test items as the SPIB-R manual requires, subjects were told that each test item would be given once and repeated on request. Given that inmate's I.Q.'s were as offender groups on average higher than the norms in the test battery sample (e.g., Hudson, Wales, Bakker, Mclean, & Marshall, 1991; Wales, 1988), that this procedure would be beneficial to both decreasing testing time and maintaining subject motivation. Testing time, as a result, was reduced to an hour total duration, still allowing sufficient time however for all subjects to respond to items. Further, as a motivation strategy, the test was divided into two half hour sessions, separated over the lunch break, rather than three sessions suggested in the SPIB-R Manual for students with mild mental retardation.

In addition, seven item changes were deemed necessary to be made from the original SPIB-R to accommodate cultural differences, for example

"tap" replaced "faucet"; "Public Hospital" replaced "Public Health Office" (see Appendix 3 for additional SPIB-R changes).

Technical Report

Normative data for the SPIB-R is being collated during the first few years of use, thus at this time is still unavailable. The SPIB-R however, is an extension of the SPIB (Halpern, Irvin, & Link, 1975) where evaluation data of the SPIB was used to revise or replace 24 of the 277 items of the original SPIB battery. Research evidence concerning reliability and validity of the SPIB has been encouraging (Halpern, Irvin, & Landman, 1979; Halpern, Irvin, & Link, 1975; Halpern, Irvin, & Reynolds, 1977; Irvin & Halpern, 1977; Sundberg, Snowdon, & Reynolds, 1978). Further, the SPIB has been reviewed favourably in the fifth Mental Measurements Yearbook (1985) by Daniels and Tittle who report however that there is a lack of independent evaluation of the test's utility. But while the SPIB, and by implication the SPIB-R, has no direct competition, it has been recommended that further evaluation is necessary. The inclusion of the SPIB-R in the present study meets this recommendation.

In an attempt to obtain an index of the relationship between the SPIB and post-school adaptation one year after high school completion, an assessment was requested from Vocational Counsellors of each student. A rating instrument was designed in collaboration with the counsellors providing five scores of adaptation in the areas of community integration, economic self-sufficiency, communication, family living, and personal habits. The intercorrelations of the nine tests on the SPIB and the five subscales of the criterion instrument show a first order canonical correlation of .58. This indicates a moderate relationship between the SPIB tests and the five criterion subscales over a one year period (Halpern et al, 1975). To

determine if performance on the published edition of SPIB related to ratings given by counsellors, a concurrent validity study was conducted. Here, the same counsellor rating form was used to determine whether there was a correlation between the nine SPIB tests and five subscales. A canonical correlation of .60 showed that there is an equality of the published and experimental versions of the SPIB (Halpern & Irvin, 1986).

Reliability tests show an internal consistency measure of .72 to .82 (using the Kuder-Richardson formula 20) for the nine tests in the SPIB for senior high school students, where the higher the coefficient the greater the internal consistency. The stability of SPIB tests and total battery scores was calculated using Pearson product-moment correlation coefficients, testing and retesting subjects within a two week period. The test-retest reliability in this case ranged from .62 to .78 with a median of .73. The total battery indicated a reliability of .91 for the senior high students.

The correlation of the SPIB-R with I.Q. as measured by the Stanford Binet (Form L-M) and the Weschler Scale for Children (WISC) indicates a mildly positive relationship. The correlations over the nine subtests range from .34 to .48 with a median of .41 for senior high school students. The positive relationship is to be expected as, in particular, adaptive behaviour instruments administered directly to the client rather than to a third party informant, are more closely associated with I.Q. scores because of the format of the test, the skills assessed and method of administration as they closely resemble tests of intelligence (Witt & Martens, 1984).

Chapter Three:

Results

All data were subject to analysis of variance and post hoc multiple comparisons using Fisher P.L.S.D. (Statview, 1986).

Characteristics of group members

Violent Offenders

N=15

I.Q. - Verbal I.Q.= 90 (S.D.= 19)

Performance I.Q.= 95 (S.D.= 14)

Full Scale I.Q.= 93 (S.D.= 15)

Age - Mean= 28 Years (SD= 9)

Education - Mean secondary education= 2.6 years (S.D.= .6)

Mean sentence length= 49.4 months (S.D.= 56.2)

Sex Offenders

N= 15

I.Q. - Verbal I.Q.= 87 (S.D.= 9)

Performance I.Q.= 89 (S.D.= 13)

Full Scale I.Q.= 88 (S.D.= 10)

Age - Mean= 31 Years (S.D.= 11)

Education - Mean secondary education= 2.3 years (S.D.= .9)

Mean sentence length= 42.3 months (S.D.= 20.5)

Anti-social and Drug Offenders

N= 15

I.Q. - Verbal I.Q.= 92 (*S.D.*= 11)

Performance I.Q.= 97 (*S.D.*= 13)

Full Scale I.Q.= 95 (*S.D.*= 10)

Age - Mean= 26 Years (*S.D.*= 11)

Education - Mean secondary education= 2.2 years (*S.D.*= .7)

Mean sentence length= 24.9 months (*S.D.*= 12.7)

Dishonesty Offenders

N= 15

I.Q. - Verbal I.Q.= 86 (*S.D.*= 15)

Performance I.Q.= 98 (*S.D.*= 12)

Full Scale I.Q.= 93 (*S.D.*= 10)

Age - Mean= 25 Years (*S.D.*= 5)

Education - Mean secondary education= 2.5 years (*S.D.*= 1.2)

Mean sentence length= 22.1 months (*S.D.*= 18.5)

Control Group

N= 15

I.Q. - Verbal I.Q.= 84 (*S.D.*= 10)

Performance I.Q.= 94 (*S.D.*= 11)

Full Scale I.Q.= 89 (*S.D.*= 10)

Age - Mean= 23 Years (*S.D.*= 6)

Education - Mean secondary education= 3.3 years (*S.D.*= .9)

A breakdown of secondary education by group membership is given in Figure 1. This provides the illustration that the control group ($M= 3.2$) as the non-prison sample, has significantly more secondary education than the offender groups (violent offenders $M= 2.6$; sex offenders $M= 2.3$; anti-social and drug offenders $M= 2.2$; dishonesty offenders $M= 2.5$).

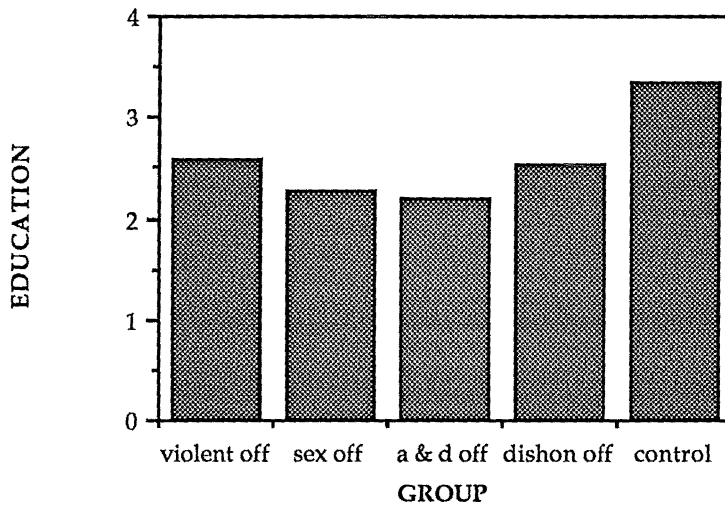


Figure 1: *Mean years secondary education for each offender group and control group*

There was no significant difference in age between the groups, $F(4, 70)= 2.17$, $p= n.s.$ The non-prison sample (the control group), had significantly more secondary education ($M= 3.2$) than the offender groups (violent offenders $M= 2.6$; sex offenders $M= 2.3$; anti-social and drug offenders $M= 2.2$; dishonesty offenders $M= 2.5$).

An Anova of offence by sentence length found that sentence length was not significantly different between the categories of offenders, $F(3, 56)= 2.593$, $p= n.s.$

Further, in an analysis of I.Q. score, no significant differences were apparent between groups in either VIQ ($F(4, 70)= .91$, $p=n.s.$), PIQ ($F(4, 70)= 1.46$, $p= n.s.$), or FSIQ ($F(4, 70)= .93$, $p= n.s.$) although as the Characteristics of

Members describes, the trend shows that subjects in the anti-social and drug offender category scored on average higher FSIQ's and VIQ's than the other groups. Figure 2 illustrates that all groups show higher PIQ than VIQ scores, although there is a particular difference between these scores for dishonesty offenders (12 I.Q. points indicates a significant difference at the 5 percent level of confidence) and the Control group (10 I.Q. points indicates a significant difference at the 5 percent level of confidence). The levels of significance are in accordance with the minimal differences between Verbal and Performance I.Q.'s ($M=9.73$) that are required in the WAIS-R Manual (Weschler, 1981).

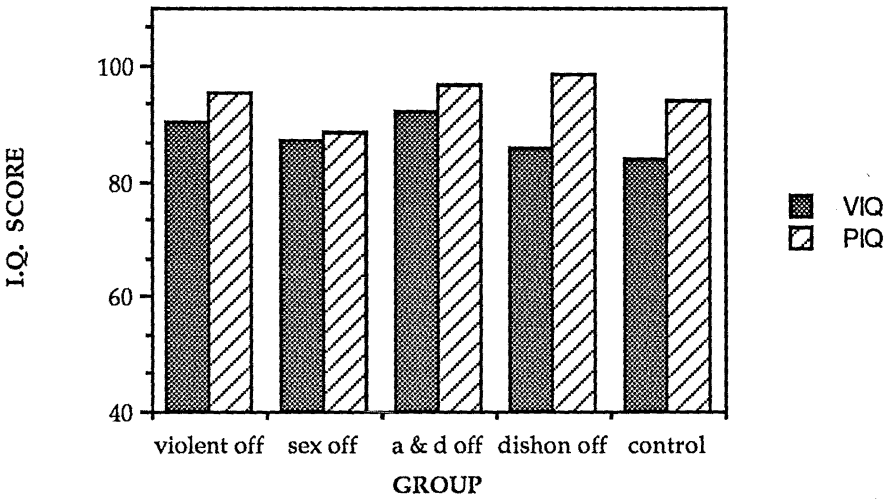


Figure 2: *Mean Pro-rated Verbal I.Q. (VIQ) and Performance I.Q. (PIQ) scores for offender groups and control group*

The SPIB-R

The aim of this study was to determine whether or not there existed any differences in social competence between offender types and a non-prison control. A one factor Anova on offence and total battery score on the SPIB-R found that there was no significant difference between the groups of offenders, or the control group used in the research, $F(4, 70) = .385, p = n.s.$

Table 3: Mean SPIB-R and Full Scale I.Q. (FSIQ) scores for each offender group and control group

Offender group	SPIB-R Score	S.D.	FSIQ	S.D.
Violent off	241	25.0	93	15
Sex off	234	16.0	88	10
A & D off	240	16.0	95	10
Dishon off	234	23.0	93	12
Control	240	21.0	89	10

The SPIB-R battery failed to produce marked differences between scores for violent offenders ($M = 241$), sex offenders ($M = 234$), anti-social and drug offenders ($M = 240$), or dishonesty offenders ($M = 234$). Further, the results show no significant difference in the mean SPIB-R score between the control group and any of the offender groups (control $M = 240$). Figure 3 illustrates these mean scores for each group.

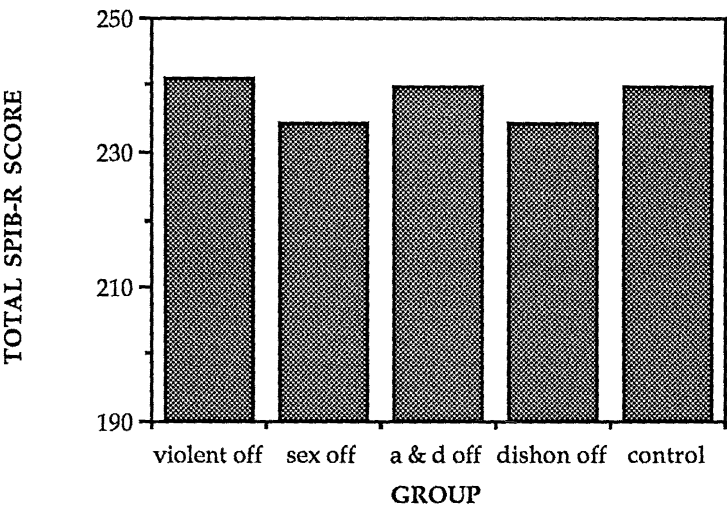


Figure 3: *Mean SPIB-R scores for each offender groups and control group.*

A correlation coefficient was calculated to determine the relationship between the total SPIB battery and FSIQ and it was found that $r = .615, p < .001$ illustrated in Figure 4.

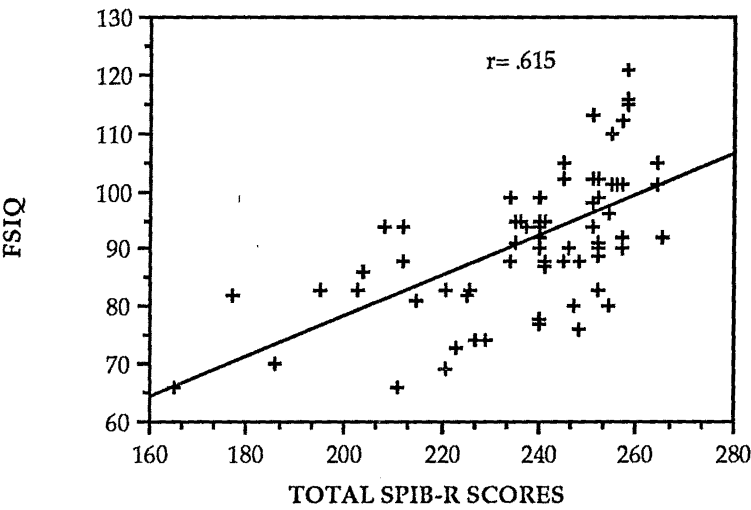


Figure 4: *Correlations of Total SPIB-R scores with Full Scale I.Q. (FSIQ) for offender groups and control group.*

The total battery of the SPIB-R was further broken down into subtests to assess differences in scores between Tests 1 to 9 for each offender type and the control group. An Anova was conducted on all nine tests to determine wheter there existed significant differences. Table 4 shows that similar scores were produced for each of these subtests against each category, with the exception of Test Three (Banking) for which the Anova was significant, $F(4, 70)= 2.494, p= .05$.

Table 4: *Subtest scores one to nine from the total SPIB-R battery for each category*

Category	SPIB-R Subtest								
	1	2	3	4	5	6	7	8	9
Offender group									
Violent off	29	29	25	27	29	28	26	24	23
Sex off	29	27	23	25	28	28	26	24	24
A & D off	30	28	25	26	28	28	26	24	25
Dishon off	30	28	26	26	26	26	25	23	24
Control Group	29	29	26	27	30	28	25	24	24
Possible Score	33	33	31	30	32	33	30	26	26

Subjects in the sex offender category recorded a significantly lower mean score than violent offenders, anti-social and drug offenders, dishonesty offenders, and the control group.

Education

There was a significant difference between groups with respect to amount of secondary education where $F(4, 70) = 2.51, p< .05$.

Post test comparisons showed that those subjects with less education averaged lower scores on the SPIB-R than those with more education. Particularly, subjects with one year secondary education differed significantly in total SPIB-R scores from those with three years and four years and over secondary education. Further, subjects with one and two years secondary education differed significantly from those with three years secondary education.

Table 5: *Mean SPIB-R score for each subject by number of years secondary education*

No. Years Sec. Educ.	Count	SPIB-R Score	S.D.
One	9	227	24.0
Two	25	232	19.0
Three	32	243	19.0
Four	9	246	16.0

Age

A Two Factor Anova on age and group membership by SPIB-R total found no significant differences. $F(4, 65)= 1.84$, $p= n.s.$

Analysis by Wing

Given that there is considerable evidence from United States Prisons that Protective Custody inmates yield lower scores in adaptive behaviour than other inmates, an analysis by wing was conducted to determine the extent of occurrences of low functioning in a New Zealand sample.

Paparua Prison is divided into four areas, the Centre and East wings, the low security Huts, and a 'protective' West wing.

In contrast to overseas research, protective custody inmates did not significantly differ in score on the SPIB-R from the other groups in this study, $F = (4, 70) = 2.28, p = \text{n.s.}$

Table 6 shows the mean and standard deviations of the SPIB-R scores by wing membership.

Table 6: *Mean SPIB-R scores for each Wing group and control group.*

Wing	Count	Mean	S.D.
Centre	13	225	27.3
West	26	238	15.8
East	13	247	12.9
Huts	8	241	19.8
Control	15	240	21.3

Chapter Four:

Discussion

Subjects

As the results of the study have indicated, the demographic characteristics of the offender groups show no significant differences in age, education or sentence length. The large standard deviation for the violent offenders, where the standard deviation (56.2) was found to be greater than the sentence length itself (49.4 months) would have contributed to this insignificant effect. PIQ exceeded VIQ in the expected direction (Hudson et al, 1991). The mean FSIQ for the prison sample, measured by the WAIS-R, provided comparable results to those of other New Zealand studies using the revised edition as an indicator of intelligence, in that mean I. Q.'s fell within the normal range ($M = 92$) of 90 to 109 I. Q. points given by Weschler (1981). Hudson et al (1991) and Wales (1988) found sex offenders to be the lowest intellectually functioning group in comparison to other offenders and although offender groups did not differ significantly in FSIQ in the present study, the mean score for sex offenders provided a similar result. Wales (1988), using the same offender groups for analysis, found anti-social and drug offender I. Q. scores to be greater than the scores for other offender groups. In contrast, this study shows dishonesty offenders to have higher I.Q. scores. Further, the I.Q. scores in this study were lower than those found by Wales (1988). However, this finding is to be expected in that Wales, testing subjects with the WAIS, should be provided with I.Q. scores approximately seven points higher than if the WAIS-R was used (Weschler, 1981).

There were no differences in I. Q., age or ethnicity between the offender groups and the control group, thus the non-prison sample offered a good

comparison for offender scores. The control group did however differ from the prison sample in that they had significantly more secondary education. The implications of this finding contradicts a point made in previous research. Hornblow (1970) establishes that research shows offenders to have a tendency to obtain higher PIQ's than VIQ's while theories have depicted offenders showing such a pattern to be a result of deficits in education. Weschler (1944) suggested that this pattern reflected educational retardation, however this study provides support that this is not so as it is shown that while the control group (non-prison sample) had more education, PIQ and VIQ scores were not significantly different from the prison group, while FSIQ at the same time, remains a constant variable.

Group Scores on the SPIB-R

The SPIB-R was applied to a prison sample with the aim to determine differences in social competence between offender categories. The SPIB-R failed to discriminate between these categories and thus in this respect, the aim fell short of its requirement. The findings indicate that no differences in test scores were found between offender groups. Nor were any differences found between offender groups and the control group. A comparison with the standard reference group of mildly retarded senior high school students shows prison subjects scored between the 10th and 99th percentile rank indicating that they correctly answered between 60 and 96 percent correct for the total battery. Although the scores provided an adequate range, 52 percent of subjects scored between 225 and 235. This establishes that the SPIB-R cannot effectively discriminate individuals with average levels of skill in a prison sample, rather than providing evidence that there are no differences in social competence between offender categories.

As no normative data exists for the SPIB-R other than for subjects diagnosed as mildly mentally retarded, it is impossible to comment on deficit levels of social competence regarding the prison sample. Comparisons to SPIB-R data would increase the probability of a subject obtaining scores which would place them in the deviant range. Thus without establishing norms, conclusions cannot be made as to whether any deficiencies in basic life skills exist, even if the results indicated significant differences between offender groups on the SPIB-R.

However, the results provide an indication that individuals scoring at the bottom of the sample of SPIB-R range show deficits in social and prevocational skills independent of their criminality. But while the deficits do not appear to be related to offending history and although no differences were found between the subjects from the non-offender controls, the SPIB-R scores indicate that some degree of incompetence exists among the sample tested.

As the SPIB-R did not discriminate between offender scores, it was likely therefore that differences would not be found in any independent variables. Only one variable in this study did produce differences in SPIB-R scores by group membership. The results have indicated that there was a trend that those with more secondary education achieved higher scores in the SPIB-R battery than those with less secondary education. In contrast however, the group with the most secondary education (the control group) did not obtain higher SPIB-R scores than any of the prison groups.

Evaluation of the SPIB-R

Conclusively, the SPIB-R offers a valid and reliable indication of social competence for mildly retarded senior high school subjects. Furthermore, for this reference group, it has been shown that knowledge is substantially

related to applied performance on the skill domains and that scores are not reflective of guessing.

The administration procedure allowed for testing in groups of ten and is thus ideal for obtaining scores in life skills for large groups. Oral presentation of items eliminated differential reading ability, which proved to be beneficial given that this study shows an I.Q. range of 66 to 121 for the subjects tested. In addition, this method was found to be useful for application to the Access control group as it has been reported by Rotherham (1990) that about 30 percent of Access trainees were deficient in literacy and numeracy skills.

In support of the SPIB-R, it is recommended that the points outlined above be incorporated into any test that assesses social competence in incarcerated offenders, although in itself, the SPIB-R remains inappropriate for use as an evaluation instrument, given the ceiling effect of scores for a prison sample. Furthermore, the SPIB-R, despite changes made in the procedure of this study to reduce the length of administration, the SPIB-R remains too long to be functional to prison authorities. Given that the Case Management assessment of Social and Life Skills takes approximately five minutes to administer, while the SPIB-R is an hour long test and significantly more time consuming.

The Relationship of I.Q.

The study aims to determine differences in social competence between offender types. Although the SPIB-R has shown that knowledge is related to applied performance for the reference group, it cannot be automatically concluded that the SPIB-R assesses social competence in the sample used in this research.

The correlation of the SPIB-R with I.Q. reported in the SPIB-R manual indicated a mildly positive relationship where the correlations over the nine subtests provided a median coefficient of .41 for senior high school students with mild mental retardation ($M(\text{FSIQ}) = 50-55$ to ≈ 70). The correlation coefficient in the present study ($r = .615$) reflects a correlation that is substantially higher although not as high as the Vineland Social Maturity Scale ($r = .83$), the highest of all adaptive behavior measures (Doll, 1953). Yet a correlation of .615 may be too high to permit an interpretation of the battery score to be an index of knowledge regarding social and prevocational competencies. Rather, a correlation coefficient of .615 using a sample with an average higher intelligence ($M(\text{FSIQ}) = 92$) indicates that in this case, the SPIB-R is measuring intelligence. In support of this claim, FSIQ scores like SPIB-R scores did not differ between the groups.

Test Results by Wing

In contrast to the findings of Ursprung and Hayman (1983), the present study found that protective custody inmates were not significantly different in social competent scores to other inmates. This refutes the suggestion, based on the assumptions made by Hayman et al (1982), that protective custody inmates are unable to adjust to prison life insomuch as they are, as a group, intellectually and socially unable to integrate with the general prison population. This conclusion can be justified, despite the limitations of the SPIB-R as an evaluation instrument, in that there were no I.Q. differences nor any differences in SPIB-R scores found between the subjects grouped by wing membership. Differences between the studies may have contributed to this finding. Ursprung and Hayman (1983) determined levels of adaptation to prison life skills, and not community life skills as the SPIB-R does. Further, United States protection Wings detain inmates with predominantly

low I.Q.'s who commit crimes against the person while in the present study, protective custody inmates were predominantly sex offenders. Although sex offenders do have a tendency to show lower intellectual functioning than other offender groups, a disproportionate number of inmates committing offences against the person have found to be mentally retarded (Hornblow, 1970). In addition, the method of classification used in the present study did not include offenders committing crimes against the person as a category in itself.

Evaluation of the Study

Although it was not the aim of this study to expand on any definition of criteria to make adaptive behaviour less vague, the adopted definition reflects a degree of consensus concerning the concept of adaptive behaviour (Witt and Martins, 1984). The study itself however, provided problems in its methodology.

Although the test were administered in similar circumstances by one experimenter to control for experimenter effect, several intervening variables may have influenced results. The SPIB-R manual allows for the SPIB-R to be administered in groups of ten while still ensuring validity. However, group administration served to increase the likelihood of interruptions and distractions such as excessive talking and attempting to share answers during testing.

In addition, on two occasions, prison routine dictated alternative procedures, where the administration of the SPIB-R could not be divided into two sessions separated by a lunch break. In these cases, a ten minute interval was allowed. This however, may have influenced the performance of these subjects, by increasing the possibility of fatigue.

The SPIB-R itself posed several difficulties because of the characteristics of the groups. Comments made by subjects during testing indicate that a few individuals found questions on childcare problematic. There may be a significant sex difference if an exclusively male sample is not used. In addition, the SPIB-R presented the obstacle of United States bias. Terminology such as, "Department Store" was one such example that caused difficulty to some subjects in the understanding of its meaning. The SPIB-R calls for flexibility in testing procedures to cope with such a problem, thus in the event of this occurring, the term was further explained, or a synonym used.

Implications of the Study

The current study serves only as an introduction into the assessment of social competence of incarcerated offenders. Much is yet to be accomplished, not only in the theoretical examination of its constructs and relationship with other variables, but also on the practical level of developing an adequate life skills battery that is appropriate for non-intellectually handicapped populations. The important feature lacking in current social competence assessment is that skills measures are not equally applicable across a range of clients. Batteries such as the SPIB-R are not sensitive to the full range of functioning from impaired to highly adaptive subjects thus without wide applicability, the SPIB-R has limited utility.

Had the SPIB-R adequately discriminated between offender types, it needed to then be applied to assess competence in other settings outside of the prison institution where it would then have been possible to obtain standards for effective behaviour from the significant people in that environment. Evaluation criteria must differentiate satisfactory and unsatisfactory performance, and it is important to determine the criteria of

what constitutes a competent or incompetent individual. A caution must follow however. Relevant standards and norms need not be explicit as the environment itself plays a more significant role in defining and governing behaviour, rather than any particular rules or norms (Cone, 1987). The prison itself, in this respect is significantly different in governing its own rules and behaviours and this must be taken into consideration in future research.

References

- American Psychiatric Association. (1980). *Diagnostic and Statistical Manual of Mental Disorders*. 3rd ed. American P. A., Washington D. C.: Author.
- Adams, J. (1973). Adaptive behavior and measured intelligence in the classification of mental retardation. *American Journal of Mental Deficiency, 11*, 1, 77-81.
- Adams, K. (1986). The disciplinary experiences of mentally disordered inmates. *Criminal Justice and Behavior, 13*, 3, 297-316.
- Anderson, J. G. (1989). *Demographic and Social factors in the prediction of Offending*. Unpublished master's thesis, University of Canterbury.
- Anderson, S., & Messick, S. (1974). Social competency in young children. *Developmental Psychology, 10*, 2, 282-293.
- Beattie, M., & Stevenson, J. (1984). Measures of social functioning in psychiatric outcome. *Evaluation Review, 8*, 5, 613-644.
- Brauckman, C. J., Fixen, D. L., Phillips, E. L., & Wolfe, M.M. (1975). Behavioral approaches to treatment in the crime and delinquency field. *Criminology, 13*, 229-331.
- Brown, R. (1980). Psychologists in the New Zealand penal system: Developments in the last ten years. *Australian and New Zealand Journal of Criminology, 13*, 22-28.
- Brown, M. A. (1982). Maintenance and generalisation issues in skills training with chronic schizophrenics. In J. P. Curren and P. M. Monti (Eds.). *Social Skills Training: A Practical Handbook for*

Assessment and Treatment (pp. 90-117). New York; The Guilford Press.

Brown, M. A., & Munford, A. M. (1983). Life skills training for chronic schizophrenics. *The Journal of Nervous and Mental Disease*, 17, 8, 466-470.

Carlson, R. J. (1976). *The Dilemmas of Corrections*. Massachusetts: Lexington Books.

Chaiken, M. R., & Chaiken, S. M. (1984). Offender types and public policy. *Crimes and Delinquency*, 30, 195-226.

Close Conaley, J., & Kramer, J.J. (Eds.). (1985). *The Mental Measurements Handbook* (Vol. 5, pp. 1408-1410). Lincoln: The Buros Institute of Mental Measurements.

Cone, J. D. (1987). Intervention planning using adaptive behavior instruments. *Journal of Special Education*, 21, 1, 117-127.

Conine, A., & Maclachlan, M. (1980). *The Special Learning Unit by the South Carolina Department for the Developmentally Disabled Offender*. Unpublished Manuscript.

Cunningham Dax, E., Gosden, S. D., & Hagger, R. (1980). A comparison between recidivists from problem families and recidivists currently in the Tasmanian prison. *The Australian and New Zealand Journal of Criminology*, 13, 2, 124-133.

DeSilva, B. (1980). The retarded offender: A problem without a program. *Corrections Magazine*, 6, 25-33.

- Doll, E. A. (1953). *Measures of Social Competence: A Manual for the Vineland Social Maturity Scale*. Minneapolis: Educational Publishers.
- Donahoe, C. P., Jr. (1978). *Definitions of Competence and the Assessment of Social Skills of Adolescent Boys*. Unpublished master's thesis, University of Wisconsin, Madison.
- Dvoskin, J. A., & Steadman, H. J. (1989). Chronically mentally ill inmates: The wrong concept for the right services. *International Journal of Law and Psychiatry*, 12, 203-210.
- Fergusson, D. M., Donnell, A. A., Slater, S. W., & Fifield, J. K. (1975). *The Prediction of Juvenile Offending: A New Zealand Study* (Research report no. 6). Wellington: Government Printer.
- Fifield, J. K., & Donnell, A. A. (1980). *Socio-economic status, Race and Offending in New Zealand* (Research report no. 6). Wellington: Government Printer.
- Fitchett, J. K., & Treggerthan, G. (1976). *Behavioural Assessment of Female Detainees*. Unpublished Report.
- Freedman, B., Rosenthal, C., Donahoe, C., Schlundt, D., & McFall, R. (1978). A social - behavioral analysis of skills deficits in delinquent and non-delinquent children. *Journal of Consulting and Clinical Psychology*, 46, 1448-1462.
- French, J. R. P., Jr., Rodgers, W., & Cobb, S. (1974). Adjustment as person-environment fit. In G. V. Coelho, D. A. Hamburg, & J. E. Adams (Eds.). *Coping and Adaptation* (pp. 316-334). New York: Basic Books Inc.

- Gendreau, P., Madden, P. S., & Leipziger, M. (1979). Norms and recidivism for first incarcerates: Implications for programming. *Canadian Journal of Criminology*, 21, 416-441.
- Gendreau, P., & Ross, R. R. (1987). Revivication of rehabilitation: Evidence from the 1980's. *Justice Quarterly*, 4, 3,
- Giannini, A. J. & Fellows, K. W. (1986). Enhanced interpretation of non-verbal facial cues on male rapists: A preliminary study. *Archives of Sexual Behavior*, 15, 153-156.
- Green, K. D., Forehand, R., Beck, S. J., & Vosk, B. (1980). An assessment of the relationship among measures of children's social competence and children's academic achievement. *Child Development*, 51, 1149-1156.
- Gresham, F. M., & Reschley, D. J. (1987). Dimensions of social competence: Method factors in the assessment of adaptive behavior, social skills, and peer acceptance. *Journal of School Psychology*, 25, 367-381.
- Gresham, F. M., & Elliott, S. N. (1987). The relationship between adaptive behavior and social skills: Issues in definition and assessment. *Journal of Special Education*, 21, 1, 167-183.
- Goldfried, M. R., & D'Zurilla, T. J. (1969). A behavioral-analytical model for assessing competence. In C. D. Spielberger (Ed.). *Current Topics in Clinical and Community Psychology* (Vol. 1, pp. 151-196). New York: Academic Press.

- Goldstein, A. P., Sherman, H., Gershaw, N.J., Sprafkin, K. P., & Glick, B. (1978). Training aggressive adolescents in pro-social behaviors. *Journal of Youth and Adolescents*, 7, 73-93.
- Grossman, H. J. (Ed.). (1983). *Classification in Mental Retardation*. Washington: American Association on Mental Deficiency.
- Groth, A. N. (1979). *Men who Rape: The Psychology of the Offender*. New York: Plenum Press.
- Halpern, A. S., Irvin, L. K., & Landman, J. T. (1979). Alternative approaches to the measurement of adaptive behavior. *American Journal of Mental Deficiency*, 84, 3, 304-310.
- Halpern, A. S., Irvin, L. K., & Link, R. (1975) *The Social and Prevocational Information Battery*. California: McGraw and Hill.
- Halpern, A. S., & Link, L. K. (1986). *The Social and Prevocational Information Battery - Revised*. California: McGraw and Hill.
- Halpern, A. S., Raffeld, P., Irvin, L. K., & Link, R. (1975). Measuring social and prevocational awareness in mildly retarded adolescents. *American Journal of Mental Deficiency*, 80, 1, 81-89.
- Harrison, P. L. (1987). Research with the adaptive behavior scale. *Journal of Special Education*, 21, 1, 37-67.
- Harrison, P. L., Keith, T. Z., Fehrman, P. G., & Pottebaum, S. M. (1986). *Testing Alternative Explanations about the Intelligence-Adaptive Behavior Relationship*. Paper presented at the meeting of the National Association of School Psychologists, Hollywood, F.L.

- Hayman, P. M., Hiltonsmith, R. W., Ursprung, A. W., & Dross, H. J. (1982). Rehabilitation in prison: The incarcerated retarded. *Rehabilitation Psychology, 27*, 4, 215-224.
- Heimler, E. (1975). *Survival in Society*. London: Weidenfeld and Nicolson.
- Hofer, P. W. (1988). Prisonization and recidivism: A psychological perspective. *Journal of Offender Therapy and Comparative Criminology, 32*, 2, 95-106.
- Hops, H. (1982). Social skills training for socially withdrawn/ isolate children. In P. Koroly & J. Steffen (Eds.). *Advances in Child Behavioral Analysis and Therapy* (Vol. 1, pp. 39-97). Lexington: Lexington Books.
- Horn, E., & Fuchs, D. (1987). Using adaptive behavior assessment and intervention: An overview. *Journal of Special Education, 21*, 1, 10-12.
- Hornblow, A. R. (1970). *Mental Abnormality and Crime*. Unpublished master's thesis, University of Canterbury.
- Hudson, S. M., Wales, D. S., Bakker, L., McLean, A., & Marshall, W. L. (1991). *Emotional Recognition Skills in Male Prisoners*. Manuscript submitted for publication.
- Irvin, L. K., Halpern, A. K., & Landman, J. T. (1980). Assessment of retarded student achievement with standardized true/ false and multiple choice tests. *Journal of Educational Measurement, 17*, 1, 51-58.

- Irvin, L. K., Halpern, A. S., & Reynolds, W. M. (1977). Assessing social and prevocational awareness in mildly and moderately retarded individuals. *American Journal of Mental Deficiency, 82*, 3, 266-272.
- Irvin, L. K., & Halpern, A. S. (1977). Reliability and validity of the Social and Prevocational Information Battery for mildly retarded individuals. *American Journal of Mental Deficiency, 81*, 603-605.
- Kampaas, R. W. (1987). Conceptual and psychometric issues in the assessment of adaptive behavior. *Journal of Special Education, 21*, 1, 27-37.
- Keogh, B. K., Juvonen, J., & Bernheimer, L. P. (1989). Assessing children's competence: Mothers' and teachers' ratings of competent behavior. *Psychological Assessment: A Journal of Consulting and Clinical Psychology, 1*, 3, 224-229.
- Kinzel, A. F. (1970). Body buffer zones in violent prisoners. *American Journal of Psychiatry, 127*, 7, 99-104.
- Koller, M. K., & Gosden, S. D. (1980). Recidivists, their pasts and family compared with first time only offenders. *The Australian and New Zealand Journal of Criminology, 13*, 117-123
- Marshall, W. L., Christie, M. M., & Lanthier, R. D. (1977). *Social Competence, Sexual Experience and Attitudes to Sex in Incarcerated Rapists and Pedophiles*. Kingston: Ontario Regional Psychiatric Centre, Canadian Penetentiary Services.
- McFall, R. M. (1982). A review and reformulation of the concept of social skills. *Behavioral Assessment, 4*, 1-33.

- McGuire, J., & Priestley, P. (1985). *Offending Behaviour: Skills and Stratagems for Going Straight*. London: Batsford Academic and Educational Press.
- McLelland, D. C. (1973). Testing competence rather than "intelligence". *American Psychologist*, 28, 1-14.
- Mercer, J. (1973). *Labelling the Mentally Retarded*. Berkely: University of California Press.
- Morrison, F. J. (1983). Current issues in theory construction: A comment on Waters and Sroufe. *Developmental Review*, 13, 98-107.
- Mostert, R. (1990). *Relevant Causes for Criminal Behaviour*. Unpublished Report.
- Nihira, K., Foster, R., Shellhaas, M., & Leland, H. (1974). *A.A.M.D. Adaptive Behavior Scale*. Washington, D. C.: American Association on Mental Deficiency.
- N.Z. *Justice Statistics*, 1987. Part B, Vol. 2. Wellington: Department of Statistics.
- O'Malley, J. M. (1977). Research perspective on social competence. *Merrill-Palmer Quarterly*, 23, 1, 29-44.
- Oxley, P. C. (1979). *Probationers and their Offending* (Study series no. 5). Planning and Development Division, Department of Justice, Wellington: Government Printer.
- Parkhurst, J. T., & Asher, S. R. (1985). Goals and concerns: Implications for the study of children's social competence. *Advances in Clinical Child Psychology*, 8, 199-228.

- Paul, G. L. (1969). Chronic mental patient: Current status-future direction. *Psychological Bulletin*, 71, 81-94.
- Paul, G. L. (1981). Social competence and the institutionalised mental patient. In J. D. Wine & M. D. Smye (Eds.). *Social Competence* (pp. 232-261). New York: The Guilford Press.
- Pennington, T. M. A. (1990). *Interrogative Suggestibility in an Imprisoned Sex Offender Population*. Unpublished master's thesis, University of Canterbury.
- Putallaz, M., & Gottman, J. (1983). Conceptualising social competence in children. In D. Koroley & J. Steffen (Eds.). *Improving Children's Competence - Advances in Child Behavior Analysis and Therapy* (Vol. 1, pp.1-33). Lexington: Lexington Books.
- Reschley, D. J. (1985). Best practices: Adaptive behavior. In A. Thomas & J. Grimmes (Eds.). *Best Practices in School Psychology* (pp. 357-358). Kent: National Association of School Psychologists.
- Rotherham, H. (1990, June 7). Access Training needs 'basic'. *The Press*, p. 6.
- Schaefer, E. S. (1975). Factors that impede the process of socialisation. In M. J. Begab & S. A. Richardson (Eds.). *The Mentally Retarded and Society: A Social Science Prospective*. Baltimore: University Parks Press.
- Segal, Z. V., & Marshall, W. L. (1985). Heterosexual social skills in a population of rapists and child molesters. *Journal of Consulting and Clinical Psychology*, 53, 1, 55-63.

- Silverstein, A. B. (1982). Two- and four- subtest short forms of the Weschler Adult Intelligence Scale Revised. *Journal of Consulting and Clinical Psychology, 50*, 3, 415-418.
- Spence, S. (1979). Social skills training with adolescent offenders: A review. *Behavioural Psychotherapy, 7*, 49-56.
- Spivac, G., & Shure, M. B. (1974). *Social Adjustment of Young Children*. California: Jossey-Bass.
- Stermac, L. E., & Quinsey, V. L. (1986). Social competence among rapists. *Behavioral Assessment, 8*, 171-185.
- Sundberg, N. D., Snowdon, L. R., & Reynolds, W. M. (1978). Toward assessment of personal competence and incompetence in life situations. *Annual Review of Psychology, 29*, 179-221.
- Toch, H. H. (1972). *Violent Men: An Enquiry into the Psychology of Violence*. Middlesex: Penguin Books Ltd.
- Trower, P. (1982). Toward a generative model of social skills: A critique and synthesis. In J. P. Curren & P. M. Monti (Eds.). *Social Skills Training: A Practical Handbook for Assessment and Treatment* (pp. 399-428). New York: Guilford Press.
- Ursprung, A. W., & Hayman, P. M. (1983). Measurement of adaptive behavior in prison environments. *Rehabilitation Psychology, 28*, 4, 217-229.
- Veneziano, C., & Veneziano, L. (1988). Knowledge of social skills among institutionalized juvenile delinquents: An assessment. *Criminal Justice and Behavior, 15*, 2, 152-171.

- Wales, D. (1988). *Recognition of Emotional Expression by Male Prisoners*. Unpublished master's thesis, University of Canterbury.
- Waters, E., & Sroufe, L. A. (1983). Social competence as a developmental construct. *Developmental Review*, 3, 79-97.
- Weschler, D. (1981). *Weschler Adult Intelligence Scale - Revised*. New York: The Psychological Corporation.
- Witt, J. C., & Martens, B. K. (1984). Adaptive behavior: Tests and assessment issues. *School Psychology Review*, 13, 4, 478-484.
- Zigler, E., & Trickett, P. K. (1978). I. Q., social competence and evaluation of early childhood intervention programmes. *American Psychologist*, 33, 789-798.

Appendix One:

Paparua Prison Case Management

Social and Life Skills

- | | | |
|-----|---|------|
| 1) | Unless someone asks me in a nice way I won't do what they want. | T/F |
| 2) | I can remember being so angry I picked up the nearest thing and broke it. | T/ F |
| 3) | There are a number of people who seem to dislike me very much. | T/ F |
| 4) | I often feel like a powder keg ready to explode. | T/ F |
| 5) | I sometimes have difficulty in making my money last. | T/ F |
| 6) | Sometimes I find it hard to get on with my children or parents or partners. | T/ F |
| 7) | I often feel really down for days at a time. | T/ F |
| 8) | Home or work pressures often make me feel stressed out. | T/ F |
| 9) | I feel it hard to get my own way even when I am right. | T/ F |
| 10) | I sometimes gamble more money than I can afford. | T/ F |
| 11) | I get frustrated if I can't have sex when I want to. | T/ F |
| 12) | I have used force to have sex. | T/ F |
| 13) | I am sometimes sexually aroused by young people or children. | T/ F |

Why did you commit the offences that you are currently in prison for?

Appendix Two:

Description of the SPIB-R Tests

Test One: Purchasing Habits.

Test One contains 36 items, which sample knowledge of such areas as comparative shopping, use of a newspaper as a shopping aid, awareness of sales tax, general purchasing terminology, and the advantages and disadvantages of quantity purchases. 31 of the items are True/ False, And five require selecting one of two newspaper ads that shows the better buy for a product.

Test Two: Budgeting.

Test Two is a 33 item test, 30 of which are True/ False and three of which require picture selection. Areas sampled include: buying on time and its consequences for budgeting, impact of borrowing on a budget, the effect of salary changes on a budget, the concept of budgeting, payments of bills, credit ratings, and distinctions between regular and so-called emergency expenditures.

Test Three: Banking.

There are 31 items in Test three, all of which are True/ False. The last four items require identifying various parts of a cheque. Areas include knowledge of differences between savings and chequeing accounts and where each may be opened, how to write and cash cheques, deposit and withdrawal procedures, basic concept of interest rates, and hazards of

signing blank cheques along with problems resulting from failing to sign a completed cheque.

Test Four: Job Related Behaviour.

Test four has 30 True/ False items. Items cover knowledge relating to such areas as the role and duties of a supervisor, appropriate communications with co-workers and supervisors, what constitutes completing a job, and appropriate work relations with fellow employees.

Test Five: Job Search Skills.

Test five has 32 items. All are True/ False, with the last four requiring the student to read and comprehend two newspaper want ads. Some of the areas sampled by the test include relationship between types of jobs and job requirements, relative functions of public and private job assistant agencies, completing job application forms, job sources, appropriate interview behaviour, contents and purpose of a job resume, and obtaining information from classified want ads.

Test Six: Home Management.

Test six contains 36 items, with the first thirty True/ False and the final three requiring picture selection. Areas sampled include knowledge of maintenance, repairs and safe physical functioning of structural parts of living quarters; safe and sanitary home living conditions; proper food preparation and storage; appropriate laundry procedures; functioning of appliances; and public utilities and their role.

Test Seven: Health Care.

Test seven is a 30 item True/ False test. The items sample knowledge of emergency health care, common health care practices, proper use of medication, child health care practices, importance of health care, and basic knowledge of body temperature.

Test Eight: Hygiene and Grooming.

Test eight is a 26 item True/ False test. Areas sampled include knowledge of need for regular health care, the need for body cleanliness, consequences of poor health or inadequate personal hygiene or grooming, and when and how to use body cleaning and grooming agents.

Test Nine: Functional Signs.

Test nine contains 26 items which sample the ability of the student to read or know the meaning of signs that may be encountered. Areas covered by the test include the recognition of signs dealing with vehicles or highway regulations, warnings or cautions on boxes or bottles, and messages on or in buildings. Twenty-one of the items are True/ False. The final five items require a selection of one or more correct options from among three or four pictures.

Appendix Three:

Item Changes

Item Changes made from the original SPIB-R were as follows:

- number 26, 27, 28 (Purchasing Habits): items concerning individual calculation of sales tax were omitted,
- number 9 (Home Management): "tap" replaced "faucet",
- number 9 (Hygiene & Grooming): "Public Hospital" replaced "Public Health Office",
- number 7 (Job Search Skills): "New Zealand Employment" replaced "State Employment Office",
- number 8 (Job Search Skills): "Social Welfare" replaced "State Employment Office".

With the exception of the omission of numbers 26, 27, 28, (Purchasing Habits), item changes were such that no alteration to the scoring sheet was required.

Appendix Four:

Consent Forms

Prison Study

I am a University student doing a study at Paparua.

I am going to be measuring Life Skills, that is, how well people can look after themselves and the problems they face, in everyday life.

I would like you to take part in this study.

Important Points:

1. It is voluntary and you do not have to take part.
2. The information that you give me is confidential. Your name is not on any of the results, but only on the test so that I can keep track of which belong to you. I will be the only person who will see how you answer the questions.

Any one else will not be allowed to see it.

What you will need to do if you choose to take part:

If you choose to take part in the study, you will take a half hour I.Q. test and an hour long test of Life Skills.

The interviewer will read out some questions and you will give a reply. The replies will be anonymous.

The study:

About 60 prisoners will take part in the study. Everyone will be asked the same questions. I want to compare the responses of those who have different sentence types for example, long term prisoners and short term prisoners.

I am looking at the level of Life Skills of groups of people rather than individuals. The report I make will refer to group results.

Your responses will help decide what groups of prisoners need the most help to overcome any problems in coping outside prison.

Please ask if there are any questions.

.....

I agree to take part in this study.

Name:

Christchurch Academy Study

I am a University student doing a study at Christchurch Academy.

I am going to be measuring Life Skills, that is, how well people can look after themselves and the problems they face, in everyday life.

I would like you to take part in this study.

Important Points:

1. It is voluntary and you do not have to take part.
2. The information that you give me is confidential. Your name is not on any of the results, but only on the test so that I can keep track of which belong to you. I will be the only person who will see how you answer the questions.

Any one else will not be allowed to see it.

What you will need to do if you choose to take part:

If you choose to take part in the study, you will take a half hour I.Q. test and an hour long test of Life Skills.

The interviewer will read out some questions and you will give a reply. The replies will be anonymous.

The study:

About 15 students will take part in the study. Everyone will be asked the same questions. I want to compare the responses of those who are in different situations, so I am comparing the people at Christchurch Academy to groups of prisoners at Paparua Prison.

I am looking at the level of Life Skills of groups of people rather than individuals. The report I make will refer to group results.

Your responses will help decide what groups of prisoners need the most help to overcome any problems in coping outside prison.

Please ask if there are any questions.

.....

I agree to take part in this study.

Name:

Appendix Five:

Subject Information Questionnaire

Paparua Prison

NAME: AGE:Years.....Months

ETHNICITY:

EDUCATION: (Circle) 0 1 2 3 4 5 Years Secondary School

Other:

CURRENT SENTENCE:

- Length:

- Major offence (code):

- Offence:
.....
.....

Subject Information Questionnaire

Christchurch Academy

NAME: AGE:Years.....Months

ETHNICITY:

EDUCATION: (Circle) 0 1 2 3 4 5 Years Secondary School

Other:

COURSE ENROLLED

- Name of Course:
- Length of time on course:
- Previous Life Skills course taken: (Circle) Yes No